

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029745

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7711

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 1 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in lb
2 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Louis State Hospital

Inside Limits
Yes ☒ No ☐

c. CITY
OR
TOWN St. Louis

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS 8449 N. Broadway

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Wilbur

Middle

Brown

Last

4. DATE
OF
DEATH

Month
July

Day
26th

Year
1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-27-09

9. AGE (last birthday)

53 years

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Odd jobs

10b. KIND OF BUSINESS OR INDUSTRY

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Jesse Brown

13b. MOTHER'S MAIDEN NAME

Anna Marie Laws

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

St. Louis State Hospital Records

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Adrenal shock

INTERVAL BETWEEN
ONSET AND DEATH

DUE TO (b)

Carcinoma invasion

DUE TO (c)

Pancreas, carcinoma with
carcinomatosis

157X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 29, 1963, to July 26, 1963 and last saw her
him alive on July 26, 1963
Death occurred at 12:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

5400 Arsenal St.

22c. DATE SIGNED

7-27-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7/30/63

23c. NAME OF CEMETERY OR CREMATORY

Friedens Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

DIEDRICH FUNERAL HOME, 8319 Halls Ferry

25. DATE RECD. BY LOCAL REG.

JUL 29 1963

26. REGISTRAR'S SIGNATURE

Read Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

Diedrich

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3653

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

VICTORIAN EMBALMING COLLEGE